

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-17-2003 91087 044 ***150.00
03-26-2003 90174 042 ***150.00

DOCUMENT # P02000096166

1. Entity Name
UNIT1005, SOUTH TOWER AT THE POINT, INC.



Principal Place of Business
**C/O SULLIVAN ADMIRE & SULLIVAN
2511 PONCE DE LEON BLVD., STE. 320
CORAL GABLES FL 33134**

Mailing Address
**C/O SULLIVAN ADMIRE & SULLIVAN
2511 PONCE DE LEON BLVD., STE. 320
CORAL GABLES FL 33134**



2. Principal Place of Business
231 Altara Avenue

3. Mailing Address
231 Altara Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number
76-0712670

Applied For
☐ Not Applicable

Zip Country
33146

Zip Country
33146

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SULLIVAN ADMIRE & SULLIVAN, P.A.
2511 PONCE DE LEON BLVD
SUITE 320
CORAL GABLES FL 33134**

Name
Miriam De Toro, CPA
Street Address (P.O. Box Number is Not Acceptable)
231 Altara Avenue
City **Coral Gables** **FL** Zip Code **33146**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D ARREAZA, LUIS**
STREET ADDRESS **2511 PONCE DE LEON BLVD., STE. 320**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **231 Altara Avenue**
CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE ☐ Delete
NAME **D ARREAZA, DALY V**
STREET ADDRESS **2511 PONCE DE LEON BLVD., STE. 320**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **231 Altara Avenue**
CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D Gomez De Arreaza, Igdalia**
STREET ADDRESS **231 Altara Avenue**
CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ☒ **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ March 21/03 ✓

CR2E034 (10/02)